State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FEB 04 2021
B# 05793

1. Entity ID Number	2. Exact name of the Corporation
525741	E F S Curbing Inc.

3. Principal Office Address	City	State	Zip
27 Kelley Avenue	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
237310	set curbing
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Marie A. Sweeney	Gerald F. Sweeney
Street Address: 27 Kelley Avenue	Street Address: 27 Kelley Avenue
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Secretary Name: Marie A. Sweeney	Treasurer Name: Edward F. Sweeney
Street Address: 27 Kelley Avenue	Street Address: 27 Kelley Avenue
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Marie A. Sweeney	Gerald F. Sweeney
Street Address: 27 Kelley Avenue	Street Address: 27 Kelley Avenue
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Director Name: Edward F. Sweeney	Director Name:
Street Address: 27 Kelley Avenue	Street Address:
City: Johnston, State: RI, Zip: 02919	City: , State: , Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Edward F. Sweeney	1/20/2021

Signature of Authorized Representative: Edward F Sweeney

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020